IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

50.00 Paid 10130

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 81040 PIN# ~~4627819014~~ PT 4627901712 DATE 2/15/01

OWNER OR CONTRACTOR SHAVENOAR'S DEV. / DUPONT GROUP INC, PHONE: Business 309-1043 Home

ADDRESS 117 SYCAMORE SLOPE LN. MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR BLUME RD - TL BEATEN PATH - TL BEATEN PATH AGAIN - ON LT NEAR END

SUBDIVISION SHAVENOARS BLUFF BLOCK / SECTION LOT 69 LOT AREA .89AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1/27/01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth #4

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

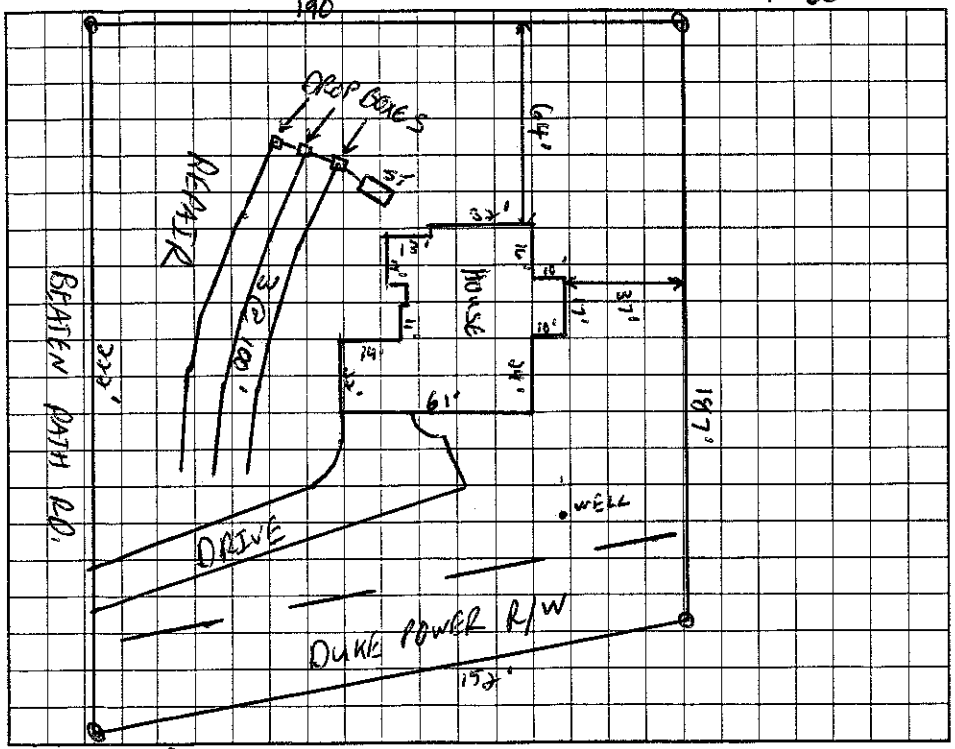
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: John H Dupont date 2/20/01 Installed by: Richard Abernethy

Improvement Permit by: C. Blake Teer RS date 2/15/01 Operation Permit by: Gary Martin AFE date 7/05/02

Authorization to Construct by: C. Blake Teer RS date 2/15/01 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK